

FILED JAN 19 1945  
Registration District No. 99

Primary Registration District No. 4169

1. PLACE OF DEATH:

(a) County DeKalb  
(b) City or town Osborn Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb  
(c) City or town Osborn Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME AMANDA VIOLA McCRARY THOMPSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 491-28-5847

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

8. AGE: Years 76 Months 8 Days 29 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Hamilton Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

12. Name Frank McCrary

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Jeanette McCrary

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Guy Thompson

(b) Address Osborn Mo

17. (a) Burial (b) Date thereof Dec-31-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton Mo

18. (a) Signature of funeral director F. G. Lyon

(b) Address Ste wartsville Mo

19. (a) Jan 11-1945 (b) John Clark  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29  
year 1944 hour One minute 30 P.M.

21. I hereby certify that I attended the deceased from September 12-14 1944 to Dec-29 1944  
that I last saw her alive on Dec-29 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of Aneurysmal Aorta  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature M. S. Dale (M. D. or other) \_\_\_\_\_

Address Osborn Mo Date signed 12/30/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *J. L. Rogers*.....

Licensed Embalmer No. *952*.....

P. O. Address *Stewartville Mo.*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**